

Virginia Division of Forensic Science
Inmate Felony Conviction Form

Analyst_____

Date_____

Inmate Name_____

Case #_____

Date of Offense_____

Convicted Felon per: VCIN OTHER_____

VCIN INFORMATION (YES/NO)

Person using VCIN_____

Inmate SID # _____

Felony conviction(s)

Incarcerated at time of offense: (YES/NO/CANNOT BE DETERMINED)

DOC Website (currently in prisons) **Yes**_____ **No**_____

Location_____

Projected release/parole_____

LIDS (currently in jail) **Yes**_____ **No**_____

Location_____Projected release/parole_____

If not currently incarcerated,
date/location of last release_____

NOTE: **If “No” has been checked for the Doc Website and the LIDS fields the offender is not currently incarcerated.**

Other comments: